

Navigating a Two-Way Street: Metal Toxicity and the Human Gut Microbiome

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For populations worldwide, exposures to arsenic (As) and mercury (Hg) are a fact of life.^{1,2} Millions of people consume drinking water with elevated As levels, potentially increasing their risk of cancer and other diseases³; as for Hg, billions regularly consume seafood⁴ or rice,⁵ the most common exposure sources. These widespread exposures and their potentially severe adverse health effects make As and Hg sources of concern across the globe.

Both As (a metalloid that combines properties of metals and non-metals⁶) and Hg exist in elemental, organic, and inorganic forms.^{7,8} Most research on health effects has focused on inorganic arsenic (iAs) and the organic compound methylmercury (MeHg); organic As (oAs) and inorganic Hg (iHg) are thought to be less toxic.^{8,9,10,11,12} Many studies have demonstrated the toxicity of iAs and MeHg; however, not everyone responds to exposures in the same way.

Recently, researchers have homed in on the role of the human microbiome in mediating how As and Hg affect chronic disease risk.^{2,13} Their work is revealing complex and bidirectional interactions between these toxic metals and the trillions of microbes in our gut.²

Arsenic Sources and Toxicity

Natural weathering and erosion cause certain minerals in rocks to release iAs into the soil, where it dissolves into groundwater and surface water. Although geology is the cause of most As contamination in drinking water, human activities—such as coal burning, mining, and smelting—can also contribute.⁷

Drinking water is the most common source of human exposure to iAs.³ Some 200 million people worldwide—in Bangladesh, India, Argentina, the United States, and elsewhere—regularly drink water with iAs concentrations exceeding the World Health Organization guideline of 10 µg/L.^{3,14} Infants are at particular risk when formula is mixed with iAs-contaminated water.¹⁵

Rice and seafood are also significant sources of As exposure.^{5,10} Rice is a staple food for 3.5 billion people,⁵ and fish is an important source of animal protein for more than 3 billion people.⁴ Rice, which is typically grown in flooded paddies,¹⁶ is what is known as a hyperaccumulator; the plants readily take up iAs from the soil or irrigation water.¹⁷ The metal then concentrates in the outer layer of the grain.¹⁸

Seafood, especially shellfish, is known to contain organic arsenicals.¹⁰ Although generally considered less toxic than iAs, some oAs compounds and metabolites have demonstrated cytotoxic effects *in vitro*.^{19,20,21} Margaret Karagas, a professor of epidemiology at the Dartmouth Geisel School of Medicine, believes more detailed studies are needed on the prevalence and toxicity of oAs compounds in both seafood¹⁰ and rice.²² “In parts of the world where arsenic levels in drinking water are not elevated, food is the main exposure source, especially for babies and children who regularly consume rice cereal or rice,” says Karagas. “Relative to body weight, arsenic levels in young children can be three times higher than in adults.”²³

iAs is a Group 1 carcinogen causally linked to skin, bladder, and lung cancer, with probable or possible links to several other



Most arsenic contamination results from natural sources, whereas most mercury contamination comes from human activities. Images, left to right: © HM Shahidul Islam/Shutterstock; © iStockphoto/6381380.

cancers.²⁴ It has also been associated with type 2 diabetes and diseases of the cardiovascular, nervous, respiratory, and immune systems.³ iAs and its metabolites can cross the placenta,²⁵ and fetal exposure has been associated with lower birth weight²⁶ and adverse neurodevelopmental effects.^{27,28,29}

Mercury Sources and Toxicity

In contrast to As, the majority of Hg contamination occurs as a result of human activities, especially fossil fuel combustion.³⁰ Hg emissions can travel far from the original source before being deposited, on soil and water. Aquatic bacteria convert deposited Hg to MeHg, which marine creatures readily absorb. MeHg biomagnifies from the bottom to the top of the marine and freshwater food webs³⁰; levels in the tissue of predatory ocean fish and mammals can be more than a million times higher than in the surrounding water.³¹ This means that populations with high seafood consumption rates, such as coastal Indigenous peoples with strong cultural ties to the sea^{4,32} may experience chronic high exposures to MeHg.

Bacteria in flooded rice paddies produce MeHg that can reach the grain.¹⁶ Although rice typically contains a lower proportion of MeHg than seafood, exposure levels can be substantial in populations that consume rice several times a day.³³ As with iAs, this exposure is a concern for infants who regularly eat rice cereal and other rice-derived foods.¹ Some studies suggest that the consumption of several daily rice meals during pregnancy may be more harmful to the fetus than a MeHg-rich seafood diet, which offers nutritional benefits that somewhat offset the compound's toxicity.^{34,35}

Large-scale exposure events led to a strong research focus on the neurotoxicity of MeHg,³⁶ which readily crosses the placenta and blood–brain barrier.³⁷ MeHg biomagnifies from mother to fetus,^{38,39} so neurological damage from high exposure during pregnancy is typically greater in the fetus than in the mother.^{38,39}

Beyond its neurotoxic effects, MeHg has been associated with cardiovascular^{40,41,42,43,44} and immune system⁴⁵ disorders. Potential cancer links have also been reported⁴⁶ but are much less established than for iAs. In a study of young children, Karagas et al. reported associations between early-life Hg exposures (as estimated by toenail and urine samples) and increased blood pressure, which is an important risk factor for hypertension in adulthood.⁴⁴ “Capturing these [exposure-related] changes early gives us the opportunity to intervene and positively impact lifelong health,” says Karagas.

In still another associated outcome, Matthew Rand, an associate professor of environmental medicine at the University of Rochester, studies the role of MeHg in skeletal muscle disorders.⁴⁷ “These conditions have traditionally been attributed to central nervous system disruptions,” says Rand. “But skeletal muscle abnormalities may also cause motor symptoms, which has been explored much less.”

Metabolism by Human and Microbial Enzymes

The human gut microbiome plays a substantial role in the metabolism—and hence toxicity—of iAs.⁴⁸ This may also be true for MeHg, but the exact process is largely unknown.⁴⁹

The human enzyme AS3MT metabolizes iAs via methylation in the liver⁵⁰—a complex, multistep process. Of the intermediate organic arsenicals generated in that process, some are more and others less toxic than iAs.⁵¹ After passing through the kidneys, about 90% of ingested iAs eventually leaves the body in urine and less than 10% in feces, although this varies across species and may depend on whether exposure comes from water or food.^{52,53,54} The liver also releases some arsenicals into bile, which flows into

the small intestine to help digest dietary fats.⁵⁵ Arsenicals may accumulate in tissues, particularly the kidneys.⁵⁶

Although it has long been known that microbes in the human gut also methylate iAs,⁵⁷ researchers are still exploring the relative roles of human and microbial genes. A study led by Seth Walk, an associate professor of microbiology and cell biology at Montana State University, found that a healthy human microbiome transferred into germ-free *As3mt* knockout mice via fecal transplant completely protected the mice against the lethal effects of acute iAs exposure.⁴⁸ This was partially due to the activity of the arsenic methyltransferase (*ArsM*) gene cluster⁵⁸—the bacterial analog of the human *AS3MT* gene—in the common gut microbe *Faecalibacterium prausnitzii*.⁴⁸

Walk's report⁴⁸ revealed a surprisingly large collective role of gut microbes in host toxicity. In a follow-up study, his group transferred *Escherichia coli* bacteria into the gut of germ-free mice so that the mouse microbiome contained only these bacteria. Some mice received *E. coli* that had been genetically manipulated to produce a specific arsenic-binding protein. These animals excreted significantly more arsenic in stool than controls without the protein, resulting in less organ accumulation. The study showed that this single microbial protein was sufficient to protect the mice against the lethal effects of arsenic.⁵⁹

Ingested MeHg is absorbed by the blood and carried to target tissues, including the brain and the developing fetus. Most MeHg is excreted from the liver into bile and enters the enterohepatic (intestine–liver) cycle. This cycle promotes the biomagnification of MeHg because it allows the metal to reenter systemic circulation.⁶⁰ Up to 95% of ingested MeHg is eventually excreted in the feces and the remainder in the urine as iHg. MeHg leaves the body much more slowly than iAs, at an approximate rate of 1.4% per day.⁶⁰

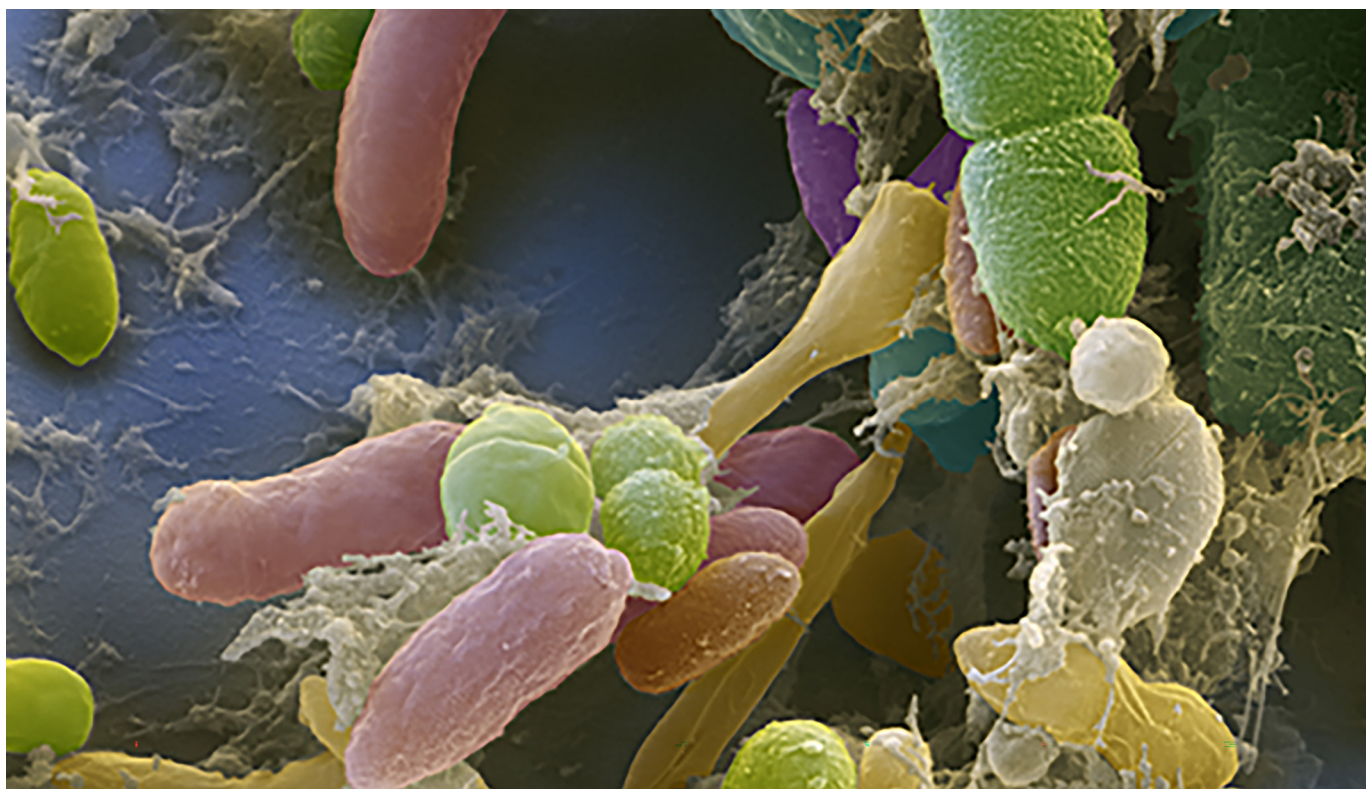
Elimination of MeHg from the body requires demethylation, but the chemical bond between carbon and mercury is difficult to break.⁶¹ Researchers reported in the 1970s that rodents depleted of their gut microbes had reduced excretion rates and increased tissue retention times of MeHg in the brain and other organs.^{62,63,64} This suggests that specific gut microbes may perform the demethylation reaction and could reduce human toxicity.⁴⁸ However, underlying mechanisms and microbial species have not yet been identified.⁶⁰

“The bacterial *Mer* [gene cluster] is a well-known enzymatic demethylation system, but there is little evidence that it is present in the human gut,” says Rand. “Demethylation in the gut lumen may involve a consortium of bacteria or an abiotic rather than enzymatic process.” Abiotic processes in living cells may be driven by physical conditions such as temperature, pH, water, or oxygen levels.⁶⁵

Variations in Toxicity

The typical half-life in the human body is 4 days for iAs^{66,67} and 50 days for MeHg,⁶⁰ but people with similar exposure levels metabolize the metals at variable rates. This is especially true for MeHg, where reported half-lives range from less than 30 to more than 120 days.⁶⁰ The reasons for this variation include physiological, genetic, and microbial factors.

Sex, age, and muscle mass are physiological influences on toxicity. For example, in humans and other species, females may methylate iAs more efficiently than males.⁵⁰ For MeHg, Rand's group developed computational pharmacokinetic models that predicted a shorter MeHg half-life in women than men and a shorter half-life in children than adults.⁴⁹ The models also identified skeletal muscle mass as a potential storage compartment that can delay the fecal excretion of MeHg.⁴⁹ Because both iAs and MeHg are transported across the gut epithelium into the bloodstream and



This color-enhanced scanning electron micrograph shows different bacteria from a human fecal sample. Magnification 5,000× (at 10-cm wide image size). The trillions of microbes in our gut have a dynamic relationship with environmental agents and may play a role in determining why some people experience worse effects than others from the same exposure level. Image: © Eye of Science/Science Source.

from the liver into the blood or bile, any host or microbial effects on transport efficiency, gut barrier function, and tissue absorption rates also modulate metabolism and body burden.^{54,68,69,70,71}

AS3MT is the major genetic factor that influences iAs metabolism; multiple other genes⁷² and epigenetic factors⁷³ make smaller contributions. The evolutionary importance of *AS3MT* is supported by studies led by Karin Broberg, a professor of environmental medicine at the Karolinska Institute and Lund University, Sweden. She identified a positive *AS3MT* selection signature in the genome of an Indigenous population in the Andes Mountains of Argentina.⁷⁴ These people have consumed drinking water with high iAs concentrations for thousands of years. The absence of typical arsenic-related health effects and much higher frequencies of several *AS3MT* variants, compared with genetically similar communities without high iAs exposures, suggest that this population has developed iAs resistance via natural selection.⁷⁴

A higher frequency of *ArsM*-carrying gut microbes may also contribute, suggests Broberg, but that hypothesis has not been studied yet. The geologic contamination of drinking water has existed for a very long time, whereas human-caused increases in atmospheric Hg are more recent. This difference, says Broberg, may explain the evolution of the *AS3MT* defense system in many species^{58,75,76} and the lack of an analogous MeHg system. “I find it very interesting that the same arsenic defense system exists in bacteria and humans because this is not the case for many other environmental chemicals,” she says.

Exposure and Microbial Diversity

Microbial influences on human toxicity go beyond the direct metabolism of iAs. Because both metals have historically been used

as antimicrobial agents,^{77,78} it is plausible that they may reduce the diversity of microbes in the gut. “This is especially worrisome for infants and young children,” says Juliette Madan, a neonatal perinatologist and professor of epidemiology at the Dartmouth Geisel School of Medicine. “[Exposure to metals may change] the developmental trajectory of their gut microbiome during a critical period when their immune system is being trained and their body is learning to metabolize food.”

Analyzing data from the New Hampshire Birth Cohort Study, Madan and Karagas found that higher urine As concentrations in babies were associated with a reduced frequency in stool of multiple microbial genera involved in immune system development.⁷⁹ A later analysis, which used toenail clippings to assess exposure to a variety of trace elements, associated higher As levels with reduced gut microbial diversity in all the infants. The same association was observed with higher Hg levels in a subset of babies.⁸⁰ Higher MeHg concentrations in stool were also associated with lower microbial diversity in a small study of pregnant women.⁸¹

Curtis Huttenhower, a professor of computational biology and bioinformatics at the Harvard T.H. Chan School of Public Health, notes that studies of exposure effects on microbial diversity require special care because chronic health conditions, the therapeutics used to treat them, and many dietary and environmental exposures all affect microbiome composition in similar ways. This means that quality control methods for laboratory and statistical analyses of microbiome samples are critical to avoid spurious associations.^{82,83}

The known microbial influences on the human toxicity of iAs and MeHg may only be the tip of the iceberg.^{84,85} In natural environments, for example, the As defense systems of soil and aquatic bacteria regulate an exceptionally wide range of cellular processes beyond iAs methylation, including sugar transport,



For millennia, populations in the Andean highlands have consumed water with naturally high concentrations of arsenic. Studies in towns such as San Antonio de Los Cobres, Argentina (shown), indicate that the people here have evolved resistance to arsenic toxicity. Image: © iStockphoto/FernandoQuevedo.

copper tolerance, and iron homeostasis.⁸⁴ Walk says this fact—along with recent rodent findings⁸⁶—suggests that microbes in the human gut may transform iAs in additional ways that indirectly influence toxicity, perhaps by producing arsenicals that more easily cross cell membranes. “We think the total microbial influence on arsenic biochemistry is larger than the host’s and likely involves many different types of biotransformation,” adds Walk. “Methylation is just one of these.”

Similarly, says Sarah Rothenberg, an associate professor of environmental health at Oregon State University, microbial influences on MeHg toxicity may not be restricted to demethylation. “It is quite possible that gut microbes may help regulate neurotransmitters through the gut–brain axis, as some studies^{87,88} have suggested,” she explains. In other words, the microbiome may contribute to the notorious neurotoxic effects of MeHg through a variety of mechanisms. Further study could clarify the full range of bidirectional interactions between iAs, MeHg, and the gut microbiome.

Exploring Structural and Dietary Interventions

Human exposure to As and Hg can be reduced by treatment and regulatory actions. For example, arsenic removal plants have greatly improved the quality of drinking water quality in parts of Chile,⁸⁹ and researchers elsewhere are exploring new ways of treating drinking water at the community and household levels.^{90,91} National policies and international agreements have helped reduce mercury emissions from power plants.^{92,93} Rothenberg has shown that certain water management strategies for rice

paddies can substantially reduce MeHg levels in rice⁹⁴; similar reductions may be possible for organic arsenicals.⁹⁵ Breastfeeding can help protect babies from exposure to iAs in both powdered infant formula and drinking water,⁹⁶ although breast milk can carry MeHg.⁹⁷

When exposures are impossible to avoid, emerging evidence for microbial influences on metal toxicity supports dietary supplements as potential interventions. This strategy holds promise because the microbiome is known to be dynamic⁹⁸ and modifiable.⁹⁹ For example, eating yogurt enriched with *Lactobacillus rhamnosus* was associated with lower blood concentrations of As and Hg in pregnant women in a small pilot study in Tanzania.¹⁰⁰ In larger trials, folic acid supplements were associated with more efficient iAs metabolism in folate-deficient Bangladeshi adults with high exposure.^{101,102}

Promoting the growth of ArsM-carrying species such as *F. prausnitzii*, which has already been studied as a probiotic,^{103,104} may be another strategy. Environmental microbes are capable of removing iAs from water through bioaccumulation,^{105,106} so future research could explore multiple mechanisms for detoxifying iAs, including methylation and accumulation within gut microbes.⁴⁸

Because none of the bacterial species that demethylate MeHg in the environment¹⁰⁷ have been found in human stool, dietary supplements that would reduce the compound’s toxicity are more challenging to design.¹⁰⁸ Wheat bran and other grains,^{109,110} fruits,^{110,111} compounds in plants,¹¹² and dietary supplements¹¹³ may accelerate the excretion of MeHg as inorganic Hg, and microbial contributions to some of these processes are plausible.



Human and animal studies suggest that consumption of certain foods—such as guarana fruit (left), *Lactobacillus*-rich yogurt (top right), and wheat bran (bottom right)—may be one way to metabolize iAs and MeHg more efficiently. In some studies, this action was shown to occur through interaction with the gut microbiome. Images, clockwise from left: © juerginho/adobe.stock.com; ©DN6/adobe.stock.com; © LIF2/Shutterstock.com.

For example, a fiber-rich diet of wheat bran reduced the half-life of MeHg in mice by more than 40%—most likely, the authors speculated, due to increased demethylation by gut microbiota.¹⁰⁹

These types of studies generally support the feasibility of precision nutrition—making dietary recommendations based on an individual's genetic makeup, health history, lifestyle, environmental exposures, and microbiome composition.¹¹⁴ “Modifying the microbiome therapeutically for a specific purpose—like promoting iAs methylation or MeHg demethylation—is easier to do early in life when the microbial community is not yet fully established,” says Huttenhower. “Later in life, it will require bigger perturbations, such as fecal transplants.” That procedure, he adds, already works very well in patients with *Clostridium difficile* infections and inflammatory bowel disease.

Madan agrees with the importance of early interventions. She particularly encourages the promotion of breastfeeding as one way to reduce iAs exposure and shape a healthy microbiome.¹¹⁵ (In some communities, however, this may require providing resources and support for nursing women.¹¹⁶) Testing the effectiveness of probiotic supplements is another promising strategy because, she says, “diet is how we change lives, especially in high-risk populations.”

Walk is encouraged by the wide range of biotransformations performed by environmental microbes. Establishing microbes in the human gut to perform a specific function, he says, may be a feasible alternative when exposures cannot be avoided. This, he believes, “will drive the next phase of developing probiotics and microbiome-focused therapies.”

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References

1. Rothenberg SE, Jackson BP, Carly McCalla G, Donohue A, Emmons AM. 2017. Co-exposure to methylmercury and inorganic arsenic in baby rice cereals and rice-containing teething biscuits. *Environ Res* 159:639–647, PMID: [28938205](https://doi.org/10.1016/j.envres.2017.08.046), <https://doi.org/10.1016/j.envres.2017.08.046>.
2. Assefa S, Köhler G. 2020. Intestinal microbiome and metal toxicity. *Curr Opin Toxicol* 19:21–27, PMID: [32864518](https://doi.org/10.1016/j.cotox.2019.09.009), <https://doi.org/10.1016/j.cotox.2019.09.009>.
3. Naujokas MF, Anderson B, Ahsan H, Aposhian HV, Graziano JH, Thompson C, et al. 2013. The broad scope of health effects from chronic arsenic exposure: update on a worldwide public health problem. *Environ Health Perspect* 121(3):295–302, PMID: [23458756](https://doi.org/10.1289/ehp.1205875), <https://doi.org/10.1289/ehp.1205875>.
4. Food and Agriculture Organization of the United Nations. 2018. *The State of World Fisheries and Aquaculture 2018: Meeting the Sustainable Development Goals*. <http://www.fao.org/documents/card/en/c/19540EN/> [accessed 18 February 2022].
5. Liu M, Zhang Q, Cheng M, He Y, Chen L, Zhang H, et al. 2019. Rice life cycle-based global mercury biotransport and human methylmercury exposure. *Nat Commun* 10(1):5164, PMID: [31727892](https://doi.org/10.1038/s41467-019-13221-2), <https://doi.org/10.1038/s41467-019-13221-2>.
6. Bentley R, Chasteen TG. 2002. Microbial methylation of metalloids: arsenic, antimony, and bismuth. *Microbiol Mol Biol Rev* 66(2):250–271, PMID: [12040126](https://doi.org/10.1128/MMBR.66.2.250-271.2002), <https://doi.org/10.1128/MMBR.66.2.250-271.2002>.
7. Nordstrom DK. 2002. Public health. Worldwide occurrences of arsenic in ground water. *Science* 296(5576):2143–2145, PMID: [12077387](https://doi.org/10.1126/science.1072375), <https://doi.org/10.1126/science.1072375>.
8. Clarkson TW, Magos L. 2006. The toxicology of mercury and its chemical compounds. *Crit Rev Toxicol* 36(8):609–662, PMID: [16973445](https://doi.org/10.1080/10404040600845619), <https://doi.org/10.1080/10404040600845619>.
9. Molin M, Ulven SM, Meltzer HM, Alexander J. 2015. Arsenic in the human food chain, biotransformation and toxicology—review focusing on seafood arsenic. *J Trace Elem Med Biol* 31:249–259, PMID: [25666158](https://doi.org/10.1016/j.jtemb.2015.01.010), <https://doi.org/10.1016/j.jtemb.2015.01.010>.
10. Taylor V, Goodale B, Raab A, Schwerdtle T, Reimer K, Conklin S, et al. 2017. Human exposure to organic arsenic species from seafood. *Sci Total Environ* 580:266–282, PMID: [28024743](https://doi.org/10.1016/j.scitotenv.2016.12.113), <https://doi.org/10.1016/j.scitotenv.2016.12.113>.
11. Park JD, Zheng W. 2012. Human exposure and health effects of inorganic and elemental mercury. *J Prev Med Public Health* 45(6):344–352, PMID: [23230464](https://doi.org/10.3961/jpmph.2012.45.6.344), <https://doi.org/10.3961/jpmph.2012.45.6.344>.
12. Teixeira FB, de Oliveira ACA, Leão LKR, Fagundes NCF, Fernandes RM, Fernandes LMP, et al. 2018. Exposure to inorganic mercury causes oxidative stress, cell death, and functional deficits in the motor cortex. *Front Mol Neurosci* 11:125, PMID: [29867340](https://doi.org/10.3389/fnmol.2018.00125), <https://doi.org/10.3389/fnmol.2018.00125>.
13. Tu P, Chi L, Bodnar W, Zhang Z, Gao B, Bian X, et al. 2020. Gut microbiome toxicity: connecting the environment and gut microbiome-associated diseases. *Toxics* 8(1):19, PMID: [32178396](https://doi.org/10.3390/toxics8010019), <https://doi.org/10.3390/toxics8010019>.
14. World Health Organization. 2018. Arsenic. [Website.] <https://www.who.int/en/news-room/fact-sheets/detail/arsenic> [accessed 18 February 2022].
15. Signes-Pastor AJ, Woodside JV, McMullan P, Mullan K, Carey M, Karagas MR, et al. 2017. Levels of infants' urinary arsenic metabolites related to

- formula feeding and weaning with rice products exceeding the EU inorganic arsenic standard. *PLoS One* 12(5):e0176923, PMID: 28472079, <https://doi.org/10.1371/journal.pone.0176923>.
16. Rothenberg SE, Windham-Myers L, Creswell JE. 2014. Rice methylmercury exposure and mitigation: a comprehensive review. *Environ Res* 133:407–423, PMID: 24972509, <https://doi.org/10.1016/j.envres.2014.03.001>.
17. Ma JF, Yamaji N, Mitani N, Xu XY, Su YH, McGrath SP, et al. 2008. Transporters of arsenite in rice and their role in arsenic accumulation in rice grain. *Proc Natl Acad Sci USA* 105(29):9931–9935, PMID: 18626020, <https://doi.org/10.1073/pnas.0802361105>.
18. Meharg AA, Lombi E, Williams PN, Scheckel KG, Feldmann J, Raab A, et al. 2008. Speciation and localization of arsenic in white and brown rice grains. *Environ Sci Technol* 42(4):1051–1057, PMID: 18351071, <https://doi.org/10.1021/es702212p>.
19. Leffers L, Ebert F, Taleshi MS, Francesconi KA, Schwerdtle T. 2013. In vitro toxicological characterization of two arsenosugars and their metabolites. *Mol Nutr Food Res* 57(7):1270–1282, PMID: 23564523, <https://doi.org/10.1002/mnfr.201200821>.
20. Meyer S, Matissek M, Müller SM, Taleshi MS, Ebert F, Francesconi KA, et al. 2014. *In vitro* toxicological characterisation of three arsenic-containing hydrocarbons. *Metallomics* 6(5):1023–1033, PMID: 24718560, <https://doi.org/10.1039/c4mt00061g>.
21. Meyer S, Raber G, Ebert F, Taleshi MS, Francesconi KA, Schwerdtle T. 2015. Arsenic-containing hydrocarbons and arsenic-containing fatty acids: transfer across and presystemic metabolism in the Caco-2 intestinal barrier model. *Mol Nutr Food Res* 59(10):2044–2056, PMID: 26153761, <https://doi.org/10.1002/mnfr.201500286>.
22. Jackson BP, Taylor VF, Karagas MR, Punshon T, Cottingham KL. 2012. Arsenic, organic foods, and brown rice syrup. *Environ Health Perspect* 120(5):623–626, PMID: 22336149, <https://doi.org/10.1289/ehp.1104619>.
23. Da Sacco L, Masotti A. 2012. Children do not like arsenic in their food. *J Expo Sci Environ Epidemiol* 22(4):424–425, PMID: 22713534, <https://doi.org/10.1038/jes.2012.10>.
24. International Agency for Research on Cancer. 2012. A review of human carcinogens. Part C: arsenic, metals, fibres, and dusts. *IARC Monogr Eval Carcinog Risk Hum*. 100C:42–93.
25. Concha G, Vogler G, Lezcano D, Nermell B, Vahter M. 1998. Exposure to inorganic arsenic metabolites during early human development. *Toxicol Sci* 44(2):185–190, PMID: 9742656, <https://doi.org/10.1093/toxsci/44.2.185>.
26. Winterbottom EF, Ban Y, Sun X, Capobianco AJ, Marsit CJ, Chen X, et al. 2019. Transcriptome-wide analysis of changes in the fetal placenta associated with prenatal arsenic exposure in the New Hampshire Birth Cohort Study. *Environ Health* 18(1):100, PMID: 31752878, <https://doi.org/10.1186/s12940-019-0535-x>.
27. Cardenas A, Koestler DC, Houseman EA, Jackson BP, Kile ML, Karagas MR, et al. 2015. Differential DNA methylation in umbilical cord blood of infants exposed to mercury and arsenic *in utero*. *Epigenetics* 10(6):508–515, PMID: 25923418, <https://doi.org/10.1080/15592294.2015.1046026>.
28. Bjørklund K, Tippairote T, Rahaman MS, Aaseth J. 2020. Developmental toxicity of arsenic: a drift from the classical dose–response relationship. *Arch Toxicol* 94(1):67–75, PMID: 31807801, <https://doi.org/10.1007/s00204-019-02628-x>.
29. Vahter M, Skräder H, Rahman SM, Levi M, Derakhshani Hamadani J, Kippler M, et al. 2020. Prenatal and childhood arsenic exposure through drinking water and food and cognitive abilities at 10 years of age: a prospective cohort study. *Environ Int* 139:105723, PMID: 32298878, <https://doi.org/10.1016/j.envint.2020.105723>.
30. National Research Council. 2000. *Toxicological Effects of Methylmercury*. Washington, DC: National Academies Press.
31. Engstrom DR. 2007. Fish respond when the mercury rises. *Proc Natl Acad Sci USA* 104(42):16394–16395, PMID: 17940042, <https://doi.org/10.1073/pnas.0708273104>.
32. Tidwell JH, Allan GL. 2001. Fish as food: aquaculture's contribution. Ecological and economic impacts and contributions of fish farming and capture fisheries. *EMBO Rep* 2(11):958–963, PMID: 11713181, <https://doi.org/10.1093/embo-reports/kve236>.
33. Rothenberg SE, Yu X, Liu J, Biasini FJ, Hong C, Jiang X, et al. 2016. Maternal methylmercury exposure through rice ingestion and offspring neurodevelopment: a prospective cohort study. *Int J Hyg Environ Health* 219(8):832–842, PMID: 27503636, <https://doi.org/10.1016/j.ijheh.2016.07.014>.
34. Hibbeln JR, Spiller P, Brenna JT, Golding J, Holub BJ, Harris WS, et al. 2019. Relationships between seafood consumption during pregnancy and childhood and neurocognitive development: two systematic reviews. *Prostaglandins Leukot Essent Fatty Acids* 151:14–36, PMID: 31739098, <https://doi.org/10.1016/j.plefa.2019.10.002>.
35. Rothenberg SE, Korrick SA, Liu J, Nong Y, Nong H, Hong C, et al. 2021. Maternal methylmercury exposure through rice ingestion and child neurodevelopment in the first three years: a prospective cohort study in rural China. *Environ Health* 20(1):50, PMID: 33910568, <https://doi.org/10.1186/s12940-021-00732-z>.
36. Castoldi AF, Johansson C, Onishchenko N, Coccini T, Roda E, Vahter M, et al. 2008. Human developmental neurotoxicity of methylmercury: impact of variables and risk modifiers. *Regul Toxicol Pharmacol* 51(2):201–214, PMID: 18367301, <https://doi.org/10.1016/j.yrtph.2008.01.016>.
37. Granitzer S, Widhalm R, Forsthuber M, Ellinger I, Desoye G, Hengstschläger M, et al. 2021. Amino acid transporter LAT1 (SLC7A5) mediates MeHg-Induced oxidative stress defense in the human placental cell line HTR-8/SVneo. *Int J Mol Sci* 22(4):1707, PMID: 33567754, <https://doi.org/10.3390/ijms22041707>.
38. Marsh DO, Clarkson TW, Cox C, Myers GJ, Amin-Zaki L, Al-Tikriti S, et al. 1987. Fetal methylmercury poisoning. Relationship between concentration in single strands of maternal hair and child effects. *Arch Neurol* 44(10):1017–1022, PMID: 2443112, <https://doi.org/10.1001/archneur.1987.00520220023010>.
39. Sakamoto M, Tatsuta N, Izumo K, Phan PT, Vu LD, Yamamoto M, et al. 2018. Health impacts and biomarkers of prenatal exposure to methylmercury: lessons from Minamata, Japan. *Toxics* 6(3):45, PMID: 30081479, <https://doi.org/10.3390/toxics6030045>.
40. Virtanen JK, Voutilainen S, Rissanen TH, Mursu J, Tuomainen TP, Korhonen MJ, et al. 2005. Mercury, fish oils, and risk of acute coronary events and cardiovascular disease, coronary heart disease, and all-cause mortality in men in eastern Finland. *Arterioscler Thromb Vasc Biol* 25(1):228–233, PMID: 15539625, <https://doi.org/10.1161/01.ATV.0000150040.20950.61>.
41. Vupputuri S, Longnecker MP, Daniels JL, Guo X, Sandler DP. 2005. Blood mercury level and blood pressure among US women: results from the National Health and Nutrition Examination Survey 1999–2000. *Environ Res* 97(2):195–200, PMID: 15533335, <https://doi.org/10.1016/j.envres.2004.05.001>.
42. Roman HA, Walsh TL, Coull BA, Dewailly É, Guallar E, Hattis D, et al. 2011. Evaluation of the cardiovascular effects of methylmercury exposures: current evidence supports development of a dose–response function for regulatory benefits analysis. *Environ Health Perspect* 119(5):607–614, PMID: 21220222, <https://doi.org/10.1289/ehp.1003012>.
43. Valera B, Muckle G, Poirier P, Jacobson SW, Jacobson JL, Dewailly E, et al. 2012. Cardiac autonomic activity and blood pressure among Inuit children exposed to mercury. *Neurotoxicology* 33(5):1067–1074, PMID: 23227484, <https://doi.org/10.1016/j.neuro.2012.05.005>.
44. Farzan SF, Howe CG, Chen Y, Gilbert-Diamond D, Korrick S, Jackson BP, et al. 2021. Prenatal and postnatal mercury exposure and blood pressure in childhood. *Environ Int* 146:106201, PMID: 33129000, <https://doi.org/10.1016/j.envint.2020.106201>.
45. Karagas MR, Choi AL, Oken E, Horvat M, Schoeny R, Kamai E, et al. 2012. Evidence on the human health effects of low-level methylmercury exposure. *Environ Health Perspect* 120(6):799–806, PMID: 22275730, <https://doi.org/10.1289/ehp.1104494>.
46. Yurifuji T, Tsuda T, Kawakami N. 2007. Age standardized cancer mortality ratios in areas heavily exposed to methyl mercury. *Int Arch Occup Environ Health* 80(8):679–688, PMID: 17357798, <https://doi.org/10.1007/s00420-007-0179-y>.
47. Rand MD, Conrad K, Marvin E, Harvey K, Henderson D, Tawil R, et al. 2020. Developmental exposure to methylmercury and resultant muscle mercury accumulation and adult motor in mice. *Neurotoxicology* 81:1–10, PMID: 32735808, <https://doi.org/10.1016/j.neuro.2020.07.007>.
48. Coryell M, McAlpine M, Pinkham NV, McDermott TR, Walk ST. 2018. The gut microbiome is required for full protection against acute arsenic toxicity in mouse models. *Nat Commun* 9(1):5424, PMID: 30575732, <https://doi.org/10.1038/s41467-018-07803-9>.
49. Pope Q, Rand MD. 2021. Variation in methylmercury metabolism and elimination in humans: physiological pharmacokinetic modeling highlights the role of gut biotransformation, skeletal muscle, and hair. *Toxicol Sci* 180(1):26–37, PMID: 33481013, <https://doi.org/10.1093/toxsci/kaa192>.
50. Vahter M. 1999. Methylation of inorganic arsenic in different mammalian species and population groups. *Sci Prog* 82(pt 1):69–88, PMID: 10445007, <https://doi.org/10.1177/003685049908200104>.
51. Thomas DJ. 2021. Arsenic methylation—lessons from three decades of research. *Toxicology* 457:152800, PMID: 33901604, <https://doi.org/10.1016/j.tox.2021.152800>.
52. Csanaky I, Gregus Z. 2002. Species variations in the biliary and urinary excretion of arsenate, arsenite and their metabolites. *Comp Biochem Physiol C Toxicol Pharmacol* 131(3):355–365, PMID: 11912060, [https://doi.org/10.1016/S1532-0456\(02\)00018-2](https://doi.org/10.1016/S1532-0456(02)00018-2).
53. Ng JC, Juhasz A, Smith E, Naidu R. 2015. Assessing the bioavailability and bioaccessibility of metals and metalloids. *Environ Sci Pollut Res Int* 22(12):8802–8825, PMID: 23764979, <https://doi.org/10.1007/s11356-013-1820-9>.
54. Roggenbeck BA, Carew MW, Charrois GJ, Douglas DN, Kneteman NM, Lu X, et al. 2015. Characterization of arsenic hepatobiliary transport using sandwich-cultured human hepatocytes. *Toxicol Sci* 145(2):307–320, PMID: 25752797, <https://doi.org/10.1093/toxsci/kfv051>.

55. Koller BH, Snouwaert JN, Douillet C, Jania LA, El-Masri H, Thomas DJ, et al. 2020. Arsenic metabolism in mice carrying a *BORCS7/AS3MT* locus humanized by syntenic replacement. *Environ Health Perspect* 128(8):87003, PMID: 32779937, <https://doi.org/10.1289/EHP6943>.
56. Bongiovanni GA, Pérez RD, Mardirosian M, Pérez CA, Marguí E, Quera I. 2019. Comprehensive analysis of renal arsenic accumulation using images based on X-ray fluorescence at the tissue, cellular, and subcellular levels. *Appl Radiat Isot* 150:95–102, PMID: 31128499, <https://doi.org/10.1016/j.apradiso.2019.05.018>.
57. Van de Wiele T, Gallawa CM, Kubachka KM, Creed JT, Basta N, Dayton EA, et al. 2010. Arsenic metabolism by human gut microbiota upon *in vitro* digestion of contaminated soils. *Environ Health Perspect* 118(7):1004–1009, PMID: 20603239, <https://doi.org/10.1289/ehp.0901794>.
58. Torbøl Pedersen J, De Loma J, Levi M, Palmgren M, Broberg K. 2020. Predicted AS3MT proteins methylate arsenic and support two major phylogenetic AS3MT groups. *Chem Res Toxicol* 33(12):3041–3047, PMID: 33156617, <https://doi.org/10.1021/acs.chemrestox.0c00375>.
59. Wang Q, McDermott TR, Walk ST. 2021. A single microbiome gene alters murine susceptibility to acute arsenic exposure. *Toxicol Sci* 181(1):105–114, PMID: 33560341, <https://doi.org/10.1093/toxsci/kfab017>.
60. Rand MD, Caito SW. 2019. Variation in the biological half-life of methylmercury in humans: methods, measurements and meaning. *Biochim Biophys Acta Gen Subj* 1863(12):129301, PMID: 30742954, <https://doi.org/10.1016/j.bbagen.2019.02.003>.
61. Zhang T, Hsu-Kim H. 2010. Photolytic degradation of methylmercury enhanced by binding to natural organic ligands. *Nat Geosci* 3(7):473–476, PMID: 20634995, <https://doi.org/10.1038/ngeo892>.
62. Rowland IR, Davies MJ, Grasso P. 1977. The effect of elimination of the gastrointestinal flora on the accumulation of methylmercuric chloride by the rat. *Biochem Soc Trans* 5(2):423–425, PMID: 902853, <https://doi.org/10.1042/bst0050423>.
63. Nakamura I, Hosokawa K, Tamura H, Miura T. 1977. Reduced mercury excretion with feces in germfree mice after oral administration of methyl mercury chloride. *Bull Environ Contam Toxicol* 17(5):528–533, PMID: 861407, <https://doi.org/10.1007/BF01685974>.
64. Rowland IR, Davies MJ, Grasso P. 1978. Metabolism of methylmercuric chloride by the gastro-intestinal flora of the rat. *Xenobiotica* 8(1):37–43, PMID: 626001, <https://doi.org/10.3109/00498257809060381>.
65. Walker JCG. 1980. Atmospheric constraints on the evolution of metabolism. *Orig Life* 10(2):93–104, PMID: 7393566, <https://doi.org/10.1007/BF00928660>.
66. Buchet JP, Lauwerys R, Roels H. 1981. Urinary excretion of inorganic arsenic and its metabolites after repeated ingestion of sodium metaarsenite by volunteers. *Int Arch Occup Environ Health* 48(2):111–118, PMID: 6894910, <https://doi.org/10.1007/BF00378431>.
67. National Research Council. 1999. Disposition of inorganic arsenic. In: *Arsenic in Drinking Water*. Washington, DC: National Academies Press, 150–176.
68. Herbel MJ, Switzer Blum J, Hoeft SE, Cohen SM, Arnold LL, Lisak J, et al. 2002. Dissimilatory arsenate reductase activity and arsenate-respiring bacteria in bovine rumen fluid, hamster feces, and the termite hindgut. *FEMS Microbiol Ecol* 41(1):59–67, PMID: 19709239, <https://doi.org/10.1111/j.1574-6941.2002.tb00966.x>.
69. Vázquez M, Calatayud M, Vélez D, Devesa V. 2013. Intestinal transport of methylmercury and inorganic mercury in various models of Caco-2 and HT29-MTX cells. *Toxicology* 311(3):147–153, PMID: 23793072, <https://doi.org/10.1016/j.tox.2013.06.002>.
70. Roggenbeck BA, Banerjee M, Leslie EM. 2016. Cellular arsenic transport pathways in mammals. *J Environ Sci (China)* 49:38–58, PMID: 28007179, <https://doi.org/10.1016/j.jes.2016.10.001>.
71. Bridges CC, Zalups RK. 2017. Mechanisms involved in the transport of mercury ions in target tissues. *Arch Toxicol* 91(1):63–81, PMID: 27422290, <https://doi.org/10.1007/s00204-016-1803-y>.
72. Antonelli R, Shao K, Thomas DJ, Sams R II, Cowden J. 2014. *AS3MT*, *GSTO*, and *PNP* polymorphisms: impact on arsenic methylation and implications for disease susceptibility. *Environ Res* 132:156–167, PMID: 24792412, <https://doi.org/10.1016/j.envres.2014.03.012>.
73. Bommarito PA, Martin E, Smeester L, Palys T, Baker ER, Karagas MR, et al. 2017. Fetal-sex dependent genomic responses in the circulating lymphocytes of arsenic-exposed pregnant women in New Hampshire. *Reprod Toxicol* 73:184–195, PMID: 28793237, <https://doi.org/10.1016/j.reprotox.2017.07.023>.
74. Schlebusch CM, Gattepaille LM, Engström K, Vahter M, Jakobsson M, Broberg K. 2015. Human adaptation to arsenic-rich environments. *Mol Biol Evol* 32(6):1544–1555, PMID: 25739736, <https://doi.org/10.1093/molbev/msv046>.
75. Chen SC, Sun GX, Rosen BP, Zhang SY, Deng Y, Zhu BK, et al. 2017. Recurrent horizontal transfer of arsenite methyltransferase genes facilitated adaptation of life to arsenic. *Sci Rep* 7(1):7741, PMID: 28798375, <https://doi.org/10.1038/s41598-017-08313-2>.
76. Palmgren M, Engström K, Hallström BM, Wahlberg K, Söndergaard DA, Säll T, et al. 2017. AS3MT-mediated tolerance to arsenic evolved by multiple independent horizontal gene transfers from bacteria to eukaryotes. *PLoS One* 12(4):e0175422, PMID: 28426741, <https://doi.org/10.1371/journal.pone.0175422>.
77. Fildes P. 1940. The mechanism of the anti-bacterial action of mercury. *Br J Exp Pathol* 21(2):67–73.
78. Ferrie JE. 2014. Arsenic, antibiotics and interventions. *Int J Epidemiol* 43(4):977–982, PMID: 25237690, <https://doi.org/10.1093/ije/dyu152>.
79. Hoen AG, Madan JC, Li Z, Coker M, Lundgren SN, Morrison HG, et al. 2018. Sex-specific associations of infants' gut microbiome with arsenic exposure in a US population. *Sci Rep* 8(1):12627, PMID: 30135504, <https://doi.org/10.1038/s41598-018-30581-9>.
80. Laue HE, Moroishi Y, Jackson BP, Palys TJ, Madan JC, Karagas MR. 2020. Nutrient-toxic element mixtures and the early postnatal gut microbiome in a United States longitudinal birth cohort. *Environ Int* 138:105613, PMID: 32142916, <https://doi.org/10.1016/j.envint.2020.105613>.
81. Rothenberg SE, Keiser S, Ajami NJ, Wong MC, Gesell J, Petrosino JF, et al. 2016. The role of gut microbiota in fetal methylmercury exposure: insights from a pilot study. *Toxicol Lett* 242:60–67, PMID: 26626101, <https://doi.org/10.1016/j.toxlet.2015.11.022>.
82. Sinha R, Abu-Ali G, Vogtmann E, Fodor AA, Ren B, Amir A, et al. 2017. Assessment of variation in microbial community amplicon sequencing by the Microbiome Quality Control (MBQC) project consortium. *Nat Biotechnol* 35(11):1077–1086, PMID: 28967885, <https://doi.org/10.1038/nbt.3981>.
83. Lloyd-Price J, Mahurkar A, Rahnavard G, Crabtree J, Orvis J, Hall AB, et al. 2017. Strains, functions and dynamics in the expanded Human Microbiome Project. *Nature* 550(7674):61–66, PMID: 28953883, <https://doi.org/10.1038/nature23889>.
84. Rawle R, Saley TC, Kang YS, Wang Q, Walk S, Bothner B, et al. 2021. Introducing the ArsR-regulated arsenic stimulon. *Front Microbiol* 12:630562, PMID: 33746923, <https://doi.org/10.3389/fmicb.2021.630562>.
85. McDermott TR, Stolz JF, Oremland RS. 2020. Arsenic and the gastrointestinal tract microbiome. *Environ Microbiol Rep* 12(2):136–159, PMID: 31773890, <https://doi.org/10.1111/1758-2229.12814>.
86. Chi L, Lai Y, Tu P, Liu CW, Xue J, Ru H, et al. 2019. Lipid and cholesterol homeostasis after arsenic exposure and antibiotic treatment in mice: potential role of the microbiota. *Environ Health Perspect* 127(9):97002, PMID: 31532247, <https://doi.org/10.1289/EHP4415>.
87. Nielsen KM, Zhang Y, Curran TE, Magnuson JT, Venables BJ, Durrer KE, et al. 2018. Alterations to the intestinal microbiome and metabolome of *Pimephales promelas* and *Mus musculus* following exposure to dietary methylmercury. *Environ Sci Technol* 52(15):8774–8784, PMID: 29943971, <https://doi.org/10.1021/acs.est.8b01150>.
88. Dempsey JL, Little M, Cui JY. 2019. Gut microbiome: an intermediary to neurotoxicity. *Neurotoxicology* 75:41–69, PMID: 31454513, <https://doi.org/10.1016/j.neuro.2019.08.005>.
89. Smith AH, Marshall G, Yuan Y, Ferreccio C, Liaw J, von Ehrenstein O, et al. 2006. Increased mortality from lung cancer and bronchiectasis in young adults after exposure to arsenic *in utero* and in early childhood. *Environ Health Perspect* 114(8):1293–1296, PMID: 16882542, <https://doi.org/10.1289/ehp.8832>.
90. Chamberlain JF, Sabatini DA. 2014. Water-supply options in arsenic-affected regions in Cambodia: targeting the bottom income quintiles. *Sci Total Environ* 488–489:521–531, PMID: 24457133, <https://doi.org/10.1016/j.scitotenv.2013.12.011>.
91. Barnaby R, Liefeld A, Jackson BP, Hampton TH, Stanton BA. 2017. Effectiveness of table top water pitcher filters to remove arsenic from drinking water. *Environ Res* 158:610–615, PMID: 28719869, <https://doi.org/10.1016/j.envres.2017.07.018>.
92. Rallo M, Lopez-Anton MA, Contreras ML, Maroto-Valer MM. 2012. Mercury policy and regulations for coal-fired power plants. *Environ Sci Pollut Res Int* 19(4):1084–1096, PMID: 22090257, <https://doi.org/10.1007/s11356-011-0658-2>.
93. World Health Organization. 2021. *Review of Minamata Convention Initial Assessment Reports: Key Findings for Health*. <https://apps.who.int/iris/rest/bitstreams/1406311/retrieve> [accessed 18 February 2022].
94. Rothenberg SE, Anders M, Ajami NJ, Petrosino JF, Balogh E. 2016. Water management impacts rice methylmercury and the soil microbiome. *Sci Total Environ* 572:608–617, PMID: 27450246, <https://doi.org/10.1016/j.scitotenv.2016.07.017>.
95. Cao Z, Pan J, Yang Y, Cao Z, Xu P, Chen M, et al. 2020. Water management affects arsenic uptake and translocation by regulating arsenic bioavailability, transporter expression and thiol metabolism in rice (*Oryza sativa* L.). *Ecotoxicol Environ Saf* 206:111208, PMID: 32871521, <https://doi.org/10.1016/j.ecoenv.2020.111208>.
96. Carignan CC, Cottingham KL, Jackson BP, Farzan SF, Gandolfi AJ, Punshon T, et al. 2015. Estimated exposure to arsenic in breastfed and formula-fed infants in a United States cohort. *Environ Health Perspect* 123(5):500–506, PMID: 25707031, <https://doi.org/10.1289/ehp.1408789>.
97. Morisset T, Ramirez-Martinez A, Wesolek N, Roudot AC. 2013. Probabilistic mercury multimedia exposure assessment in small children and risk

- assessment. *Environ Int* 59:431–441, PMID: [23928037](#), <https://doi.org/10.1016/j.envint.2013.07.003>.
98. Groussin M, Poyet M, Sistiaga A, Kearney SM, Moniz K, Noel M, et al. 2021. Elevated rates of horizontal gene transfer in the industrialized human microbiome. *Cell* 184(8):2053–2067.e18, PMID: [33794144](#), <https://doi.org/10.1016/j.cell.2021.02.052>.
99. Wang DD, Nguyen LH, Li Y, Yan Y, Ma W, Rinott E, et al. 2021. The gut microbiome modulates the protective association between a Mediterranean diet and cardiometabolic disease risk. *Nat Med* 27(2):333–343, PMID: [33574608](#), <https://doi.org/10.1038/s41591-020-01223-3>.
100. Bisanz JE, Enos MK, Mwanga JR, Chagalucha J, Burton JP, Gloor GB, et al. 2014. Randomized open-label pilot study of the influence of probiotics and the gut microbiome on toxic metal levels in Tanzanian pregnant women and school children. *mBio* 5(5):e01580-14–e01514, PMID: [25293764](#), <https://doi.org/10.1128/mBio.01580-14>.
101. Gamble MV, Liu X, Ahsan H, Pilsner JR, Ilievski V, Slavkovich V, et al. 2006. Folate and arsenic metabolism: a double-blind, placebo-controlled folic acid-supplementation trial in Bangladesh. *Am J Clin Nutr* 84(5):1093–1101, PMID: [17093162](#), <https://doi.org/10.1093/ajcn/84.5.1093>.
102. Bozack AK, Hall MN, Liu X, Ilievski V, Lomax-Luu AM, Parvez F, et al. 2019. Folic acid supplementation enhances arsenic methylation: results from a folic acid and creatine supplementation randomized controlled trial in Bangladesh. *Am J Clin Nutr* 109(2):380–391, PMID: [30590411](#), <https://doi.org/10.1093/ajcn/nqy148>.
103. Khan MT, van Dijk JM, Harmsen HJM. 2014. Antioxidants keep the potentially probiotic but highly oxygen-sensitive human gut bacterium *Faecalibacterium prausnitzii* alive at ambient air. *PLoS One* 9(5):e96097, PMID: [24798051](#), <https://doi.org/10.1371/journal.pone.0096097>.
104. Heinken A, Khan MT, Paglia G, Rodionov DA, Harmsen HJM, Thiele I, et al. 2014. Functional metabolic map of *Faecalibacterium prausnitzii*, a beneficial human gut microbe. *J Bacteriol* 196(18):3289–3302, PMID: [25002542](#), <https://doi.org/10.1128/JB.01780-14>.
105. Pandey N, Bhatt R. 2015. Arsenic resistance and accumulation by two bacteria isolated from a natural arsenic contaminated site. *J Basic Microbiol* 55(11):1275–1286, PMID: [26095615](#), <https://doi.org/10.1002/jobm.201400723>.
106. Dey U, Chatterjee S, Mondal NK. 2016. Isolation and characterization of arsenic-resistant bacteria and possible application in bioremediation. *Biotechnol Rep (Amst)* 10:1–7, PMID: [28352518](#), <https://doi.org/10.1016/j.btre.2016.02.002>.
107. Oremland RS, Culbertson CW, Winfrey MR. 1991. Methylmercury decomposition in sediments and bacterial cultures: involvement of methanogens and sulfate reducers in oxidative demethylation. *Appl Environ Microbiol* 57(1):130–137, PMID: [16348388](#), <https://doi.org/10.1128/aem.57.1.130-137.1991>.
108. Li H, Lin X, Zhao J, Cui L, Wang L, Gao Y, et al. 2019. Intestinal methylation and demethylation of mercury. *Bull Environ Contam Toxicol* 102(5):597–604, PMID: [30515547](#), <https://doi.org/10.1007/s00128-018-2512-4>.
109. Rowland IR, Mallett AK, Flynn J, Hargreaves RJ. 1986. The effect of various dietary fibres on tissue concentration and chemical form of mercury after methylmercury exposure in mice. *Arch Toxicol* 59(2):94–98, PMID: [3019277](#), <https://doi.org/10.1007/BF00286730>.
110. Wyatt L, Ortiz E, Feingold B, Berky A, Diringier S, Morales A, et al. 2017. Spatial, temporal, and dietary variables associated with elevated mercury exposure in Peruvian riverine communities upstream and downstream of artisanal and small-scale gold mining. *Int J Environ Res Public Health* 14(12):1582, PMID: [29244775](#), <https://doi.org/10.3390/ijerph14121582>.
111. Passos CJ, Mergler D, Gaspar E, Morais S, Lucotte M, Larribe F, et al. 2003. Eating tropical fruit reduces mercury exposure from fish consumption in the Brazilian Amazon. *Environ Res* 93(2):123–130, PMID: [12963396](#), [https://doi.org/10.1016/S0013-9351\(03\)00019-7](https://doi.org/10.1016/S0013-9351(03)00019-7).
112. Chang J, Zhou Y, Wang Q, Aschner M, Lu R. 2019. Plant components can reduce methylmercury toxication: a mini-review. *Biochim Biophys Acta Gen Subj* 1863(12):129290, PMID: [30849424](#), <https://doi.org/10.1016/j.bbagen.2019.01.012>.
113. Jadán-Piedra C, Vélez D, Devesa V. 2018. *In vitro* evaluation of dietary compounds to reduce mercury bioavailability. *Food Chem* 248:353–359, PMID: [29329865](#), <https://doi.org/10.1016/j.foodchem.2017.12.012>.
114. Zeisel S. 2020. Precision (personalized) nutrition: understanding metabolic heterogeneity. *Annu Rev Food Sci Technol* 11:71–92, PMID: [31928426](#), <https://doi.org/https://doi.org/10.1146/annurev-food-032519-051736>.
115. Lundgren SN, Madan JC, Karagas MR, Morrison HG, Hoen AG, Christensen BC. 2019. Microbial communities in human milk relate to measures of maternal weight. *Front Microbiol* 10:2886, PMID: [31921063](#), <https://doi.org/10.3389/fmicb.2019.02886>.
116. Sayres S, Visentin L. 2018. Breastfeeding: uncovering barriers and offering solutions. *Curr Opin Pediatr* 30(4):591–596, PMID: [29782384](#), <https://doi.org/10.1097/MOP.0000000000000647>.